

Reserved FADQ

N° client

1 Client Identification

Name of client or company name		
Mailing address		Cell phone
	Postal code	Phone

2 Protection of Personal Information

This form seeks to obtain your consent to authorize La Financière agricole du Québec to communicate your mailing address and phone numbers, along with the documents identified in Annex I, to the person you identify.

This consent may be cancelled at any time by sending a written notice to your service centre of La Financière agricole.

3 Consent

I, the undersigned, _____ in my own name or as a respondent duly authorized by the above-mentioned farm business, authorize La Financière agricole du Québec to communicate my mailing address and phone numbers, along with the information identified in Annex I, to _____

(Name of the person to whom the information will be transmitted)

This consent is valid only for the communication of the above-mentioned information.

Client's signature Date

DOCUMENTS TO BE TRANSMITTED

1 Farm business's financial information

Document name	Information in the document	Agree or not to disclose the document	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Summary page 1	Farm's mailing address and phone numbers and those of the members of management (along with age, education, shares held)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Type of production (number and units) for up to four years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Results, repayment capacity, statements and ratios, for up to four years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5-year summary	Type of production (number and units) for up to five years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Results, repayment capacity, statements and ratios, adjustments and comments, if any, for up to five years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statement of debts	Most recent list of debts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1012	Most recent description and replacement cost of buildings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1013	Most recent property assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1014	Most recent valuation of animals, quota and crops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1015	Most recent inventory and appraisal of machinery and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2 Information on insured production(s)

Program name	Information in the document	Agree or not to disclose the document	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ASRA	Productions and units insured, insurable volumes, for the insurance years: _____ (enter year(s) in question)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ASREC	Productions and units insured, insurable volumes, for the insurance years: _____ (enter year(s) in question)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AgriStability	The financial information transmitted for the participation years: _____ (enter year(s) in question)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AgriInvest	The financial information transmitted for the participation years: _____ (enter year(s) in question)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agri-Québec	The financial information transmitted for the participation years: _____ (enter year(s) in question)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3 Other information

Document name	Information in the document	Agree or not to disclose the document	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Farm plan	Farm plan for the insurance year: _____ (enter year in question)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account statement - Payment	Amounts due and paid under the programs administered by La Financière agricole du Québec.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

 Client's signature

 Date